

304/920

JC997 U.S. PTO

ISSUE SLIP STAPLE AREA (for additional cross reference)

| POSITION                  | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|------|
| FEE DETERMINATION         |          |        |      |
| O.I.P.E. CLASSIFIER       |          |        |      |
| FORMALITY REVIEW          |          |        |      |
| RESPONSE FORMALITY REVIEW |          |        |      |

INDEX OF CLAIMS

- |   |                            |   |              |
|---|----------------------------|---|--------------|
| ✓ | Rejected                   | N | Non-elected  |
| = | Allowed                    | I | Interference |
| - | (Through numeral) Canceled | A | Appeal       |
| . | Restricted                 | O | Objected     |

| Claim    | Date | Claim    | Date | Claim    | Date |
|----------|------|----------|------|----------|------|
| Final    |      | Final    |      | Final    |      |
| Original |      | Original |      | Original |      |
| 1        |      | 51       |      | 101      |      |
| 2        |      | 52       |      | 102      |      |
| 3        |      | 53       |      | 103      |      |
| 4        |      | 54       |      | 104      |      |
| 5        |      | 55       |      | 105      |      |
| 6        |      | 56       |      | 106      |      |
| 7        |      | 57       |      | 107      |      |
| 8        |      | 58       |      | 108      |      |
| 9        |      | 59       |      | 109      |      |
| 10       |      | 60       |      | 110      |      |
| 11       |      | 61       |      | 111      |      |
| 12       |      | 62       |      | 112      |      |
| 13       |      | 63       |      | 113      |      |
| 14       |      | 64       |      | 114      |      |
| 15       |      | 65       |      | 115      |      |
| 16       |      | 66       |      | 116      |      |
| 17       |      | 67       |      | 117      |      |
| 18       |      | 68       |      | 118      |      |
| 19       |      | 69       |      | 119      |      |
| 20       |      | 70       |      | 120      |      |
| 21       |      | 71       |      | 121      |      |
| 22       |      | 72       |      | 122      |      |
| 23       |      | 73       |      | 123      |      |
| 24       |      | 74       |      | 124      |      |
| 25       |      | 75       |      | 125      |      |
| 26       |      | 76       |      | 126      |      |
| 27       |      | 77       |      | 127      |      |
| 28       |      | 78       |      | 128      |      |
| 29       |      | 79       |      | 129      |      |
| 30       |      | 80       |      | 130      |      |
| 31       |      | 81       |      | 131      |      |
| 32       |      | 82       |      | 132      |      |
| 33       |      | 83       |      | 133      |      |
| 34       |      | 84       |      | 134      |      |
| 35       |      | 85       |      | 135      |      |
| 36       |      | 86       |      | 136      |      |
| 37       |      | 87       |      | 137      |      |
| 38       |      | 88       |      | 138      |      |
| 39       |      | 89       |      | 139      |      |
| 40       |      | 90       |      | 140      |      |
| 41       |      | 91       |      | 141      |      |
| 42       |      | 92       |      | 142      |      |
| 43       |      | 93       |      | 143      |      |
| 44       |      | 94       |      | 144      |      |
| 45       |      | 95       |      | 145      |      |
| 46       |      | 96       |      | 146      |      |
| 47       |      | 97       |      | 147      |      |
| 48       |      | 98       |      | 148      |      |
| 49       |      | 99       |      | 149      |      |
| 50       |      | 100      |      | 150      |      |

If more than 150 claims or 10 actions  
staple additional sheet here